See CTA Instruction Guide for detailed instructions.		1 Total pages filed:
CANDIDATE NAME	MS/MRS/MR FIRST MI  CINTAN  NICKNAME  LAST  SUFFIX	OFFICE USE ONLY  Filer ID #  Dat Re-Abiliene City Secretory  JAN 1 8 2013
CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE  (W/ m, wher D Asilem T 79 box	
CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION  (325) 733 4848	Receipt# Amount\$  Date Processed
OFFICE HELD (if any)		Date Imaged
OFFICE SOUGHT (If known)	City Council Place 1	OH WI
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	Embry
CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE*; CITY; STATE;	ZIP CODE (
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (32)  733 4848	
CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the I am aware of my responsibility to file timely reports the Election Code. I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.  Signature of Candidate	as required by title 15 of